								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								1.0-2					
Effective January 1, 2003									10612256.				
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL C	ALAC		(Cotumn 1)		(Column 2)		TYP		OR		SMALL ENTITY		
TOTAL CLAIMS			28				R/	TE	FEE		RATE	FEE	
FOR			NUMBER FILEO		MUMBER EXTRA		BAS	BASIC FEE		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8		X	9=	12	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		8		×	X42=		OR	X84≈		
MULTIPLE DEPENDENT CLAIM P			RESENT .				41	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL	447	OR	TOTAL		
1								,,,,,	77.1	I On	-	TUAN	
10119	SIDY	(Column 1)	(Column 2) (C			(Column 3)	SM	SMALL ENTITY			OTHER THAN SMALL ENTITY		
4		CLAIMS REMAINING .		HIGH NUM		PRESENT			ADDI-			.ADDI-	
ENT		AFTER AMENDMENT		PREVIO		EXTRA	P.	ΙΈ	TIONAL		RATE	TIONAL	
AMENDMENT Lotal		. 28	Minus	<b>-</b> 2	8		X	9=		OR	X\$18=		
Indepe	لسحسي	• 3	Minus	200	3	s	X	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>			-000		
						•		10= OTAL	ļ	OR	+280=		
2/1/	05							FEE	<u></u>	OR	ADDIT, PEE		
	<u> </u>	(Column 1)		(Colum		(Column 3)	}		بيسيني				
18		REMAINING AFTER	140		MBER PRESENT		R/	TE	ADDI- TIONAL		RATE	ADDI- TIONAL	
<b>Q</b>		AMENDMENT		PAID		EXTRA:			FEE	]		FEE	
AMENDIMENT B		- 33	Minus	* 0	8	= 6	X\$	9=		OR	X\$18=		
Indepe		NTATION OF ME	Minus	ent -	<u> </u>		X	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+10	10=		OR	+280=		
			.·	•		٠.		OTAL			TOTAL		
	. • .	(Column 1)	. •		·		ADDIT	FEE	<u> </u>	100	ADDIT. FEE		
		CLAIMS		(Colur High	EST	(Column 3)	بسبار (		4004	B	·		
<b>E</b>		REMAINING. AFTER		PREVIO		PRESENT EXTRA	RA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Ž.		AMENDMENT		PAID	FOR				FEE			FEE	
AMENDMENT C		•	Minus	**		æ ·	X\$	9=	,	OR	X\$18=		
V FIRST			Minus II TIOLE DES	PENNENT	CO ADA	°	X4	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM								iO≠		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.							با	OTAL			TOTAL		
H entite"	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number fou									OR	ADOIT, PEE	L	
The <b>14</b> g	nest Nuc	iber Previously Pal	d For' (Total o	r <b>bridepen</b> d	eng is the	highest numbe	r found in	Che ap	proprieto ba	x in co	luma 1.		
FORM PTO-875 From 1202) THE Government Philips Citing 2010 - 150-22003151 Patient and Trademost Citing, U.S. DEPARTMENT OF CONSIDERCE													